

# Employee Health Plan Rates

*Employee GIC Plan Rates as of November 1, 2010 – Rates include 0.33% administrative fee*



	For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
	20%		25%	
	<i>Employee Pays Monthly</i>		<i>Employee Pays Monthly</i>	
HEALTH PLAN	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	\$ 83.25	\$199.79	\$104.06	\$249.74
Fallon Community Health Plan Select Care	99.85	239.65	124.81	299.56
Harvard Pilgrim Independence Plan	121.00	295.55	151.25	369.44
Harvard Pilgrim Primary Choice Plan	96.00	234.56	120.04	293.21
Health New England	83.07	205.94	103.85	257.42
NHP Care (Neighborhood Health Plan)	83.00	219.89	103.72	274.86
Tufts Health Plan Navigator	116.36	282.53	145.45	353.17
Tufts Health Plan Spirit	92.35	224.23	115.44	280.29
UniCare State Indemnity Plan/ Basic <i>with</i> CIC (Comprehensive)*	190.91	445.28	229.38	535.12
UniCare State Indemnity Plan/ Basic <i>without</i> CIC (Non-Comprehensive)	153.87	359.35	192.34	449.19
UniCare State Indemnity Plan/ Community Choice	81.59	195.82	101.99	244.77
UniCare State Indemnity Plan/ PLUS	112.57	268.65	140.71	335.81

\* CIC, when elected by an enrollee, is an enrollee-pay-all-benefit.



**Rate Questions?**  
Call: City's Benefits Office – 978.620.3065

# Retiree and Survivor Health Plan Rates

**GIC Plan Rates as of November 1, 2010 – Rates include 0.33% administrative fee**

## NON-MEDICARE Retiree and Survivor



**Rate Questions?  
Call: City's Benefits  
Office – 978.620.3065**

HEALTH PLAN	NON-MEDICARE RETIREES <i>Retired on or before July 1, 1994 and SURVIVORS</i>		NON-MEDICARE RETIREES <i>Retired after July 1, 1994 and who filed for retirement before August 10, 2009</i>		NON-MEDICARE RETIREES <i>Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010</i>		NON-MEDICARE RETIREES <i>who filed for retirement after October 1, 2009</i>	
	10%		15%		15%		20%	
	<i>Retiree/Survivor Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Fallon Community Health Plan Direct Care	\$ 41.62	\$ 99.89	\$ 62.43	\$149.84	\$ 62.43	\$149.84	\$ 83.25	\$199.79
Fallon Community Health Plan Select Care	49.93	119.82	74.90	179.74	74.90	179.74	99.85	239.65
Harvard Pilgrim Independence Plan	60.50	147.77	90.75	221.66	90.75	221.66	121.00	295.55
Harvard Pilgrim Primary Choice Plan	48.01	117.28	72.02	175.92	72.02	175.92	96.00	234.56
Health New England	41.54	102.97	62.31	154.45	62.31	154.45	83.07	205.94
NHP Care ( <i>Neighborhood Health Plan</i> )	41.49	109.94	62.23	164.91	62.23	164.91	83.00	219.89
Tufts Health Plan Navigator	58.18	141.27	87.27	211.89	87.27	211.89	116.36	282.53
Tufts Health Plan Spirit	46.17	112.11	69.26	168.17	69.26	168.17	92.35	224.23
UniCare State Indemnity Plan/Basic with CIC ( <i>Comprehensive</i> )*	113.97	265.61	152.44	355.44	152.44	355.44	190.91	445.28
UniCare State Indemnity Plan/Basic without CIC ( <i>Non-Comprehensive</i> )	76.93	179.68	115.40	269.51	115.40	269.51	153.87	359.35
UniCare State Indemnity Plan/Community Choice	40.80	97.91	61.19	146.86	61.19	146.86	81.59	195.82
UniCare State Indemnity Plan/PLUS	56.28	134.32	84.43	201.48	84.43	201.48	112.57	268.65

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## MEDICARE Retiree and Survivor

\*\*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2011.

HEALTH PLAN	MEDICARE RETIREES <i>Retired on or before July 1, 1994 and SURVIVORS</i>		MEDICARE RETIREES <i>Retired after July 1, 1994 and who filed for retirement before August 10, 2009</i>		MEDICARE RETIREES <i>Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010</i>		MEDICARE RETIREES <i>who filed for retirement after October 1, 2009</i>	
	10%		15%		15%		20%	
	<i>Retiree/Survivor Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>	
	Per Person		Per Person		Per Person		Per Person	
Fallon Senior Plan**	\$ 22.62		\$ 33.93		\$ 33.93		\$ 45.25	
Harvard Pilgrim Medicare Enhance	37.94		56.92		56.92		75.89	
Health New England MedPlus	36.33		54.50		54.50		72.67	
Tufts Health Plan Medicare Complement	35.19		52.78		52.78		70.38	
Tufts Health Plan Medicare Preferred**	22.32		33.48		33.48		44.65	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ( <i>Comprehensive</i> )*	45.89		63.53		63.53		81.15	
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC ( <i>Non-Comprehensive</i> )	35.25		52.89		52.89		70.51	